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PTO/SB/05 (11-00)

Approved for use through 10/31/2002. OMB 0651-0032
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UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No.	TI-24974.2
First Inventor	Leland S. Swanson
Title	Selective Deposition of Emissive Layer in Electroluminescent Displays
Express Mail Label No.	EV334469184US

1644 U
10/62591
07/23/03

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents

- | | |
|--|--|
| 1. <input checked="" type="checkbox"/> | Fee Transmittal Form (e.g., PTO/SB/17)
<i>(Submit an original, and a duplicate for fee processing)</i> |
| 2. <input type="checkbox"/> | Applicant claims small entity status.
See 37 CFR 1.27. |
| 3. <input checked="" type="checkbox"/> | Specification
<i>(preferred arrangement set forth below)</i>
- Descriptive title of the Invention
- Cross Reference to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claim(s)
- Abstract of the Disclosure |
| 4. <input checked="" type="checkbox"/> | Drawing(s) (35 U.S.C. 113)
[Total Pages 27] |
| 5. <input type="checkbox"/> | Oath or Declaration
a. <input type="checkbox"/> Newly Executed (original or copy)
b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d))
<i>(for continuation/divisional with Box 18 completed)</i>
i. <input type="checkbox"/> DELETION OF INVENTOR(S)
Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). |
| 6. <input type="checkbox"/> | Application Data Sheet. See 37 CFR 1.76 |

ADDRESS TO:

Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

7. CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix)
8. Nucleotide and/or Amino Acid Sequence Submission
(if applicable, all necessary)
- a. Computer Readable Form (CRF)
- b. Specification Sequence Listing on:
i. CD-ROM or CD-R (2 copies); or
ii. paper
- c. Statements verifying identity of above copies

ACCOMPANYING APPLICATION PARTS

- | | |
|---|--|
| 9. <input type="checkbox"/> | Assignment Papers (cover sheet & documents(s)) |
| 10. <input type="checkbox"/> | 37 CFR 3.73(b) Statement
<i>(when there is an assignee)</i> |
| 11. <input type="checkbox"/> | Power of Attorney |
| 12. <input checked="" type="checkbox"/> | English Translation Document (if applicable) |
| 13. <input checked="" type="checkbox"/> | Information Disclosure Statement (IDS)/PTO-1449 |
| 14. <input checked="" type="checkbox"/> | Copies of IDS Citations |
| 15. <input type="checkbox"/> | Preliminary Amendment |
| 16. <input type="checkbox"/> | Return Receipt Postcard (MPEP 503)
<i>(Should be specifically itemized)</i> |
| 17. <input type="checkbox"/> | Certified Copy of Priority Document(s)
<i>(if foreign priority is claimed)</i> |
| 18. <input type="checkbox"/> | Request and Certification under 35 U.S.C. 122
(b)(2)(B)(i). Applicant must attach form PTO/SB/35 or its equivalent. |
| 19. <input type="checkbox"/> | Other: |

18. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37 CFR 1.76:

Continuation Divisional Continuation-in-part (CIP)

of prior application No: 10/346,931

Group / Art Unit: 1762

Prior application information: Examiner M. Cleveland
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

19. CORRESPONDENCE ADDRESS

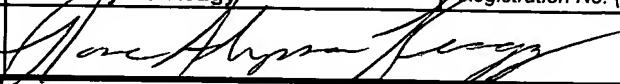
Customer Number or Bar Code Label

23494

(Insert Customer No. or Attach bar code label here)

Correspondence address below

NAME	Texas Instruments Incorporated		
ADDRESS			
CITY	STATE	TX	ZIP CODE
COUNTRY	TELEPHONE	(972) 917-4167	FAX (972) 917-4418

Name (Print/Type)	Rose Alyssa Keagy	Registration No. (Attorney/Agent)	Reg. No. 35,095
Signature			Date 7/23/03

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

FEE TRANSMITTAL

for FY 2003

Express Mailing Label No.: EV334469184US

TOTAL AMOUNT OF PAYMENT (\$ 750.00)

Complete If Known	
Application Number	TBD
Filing Date	Herewith
First Named Inventor	Leland S. Swanson
Examiner Name	TBD
Group / Art Unit	TBD

Attorney Docket No. TI-24974.2

METHOD OF PAYMENT

1. The Commissioner is hereby authorized to charge to the following Deposit Account.

Deposit Account Number	20-0668
Deposit Account Name	Texas Instruments Incorporated

Charge any additional fee required or credit any overpayment Charge all indicated fees and any additional fee required or credit any overpayment

2. Payment Enclosed:
 Check Money Order Other
FEE CALCULATION**1. BASIC FILING FEE**

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	750	2001	370	Utility filing fee	\$750
1002	330	2002	165	Design filing fee	\$
1003	510	2003	255	Plant filing fee	\$
1004	740	2004	370	Reissue filing fee	\$
1005	160	2005	80	Provisional filing fee	\$
SUBTOTAL (1)					(\$750)

2. EXTRA CLAIM FEES

		Extra Claims	Fee from below	Fee Paid
Total Claims	2	-20** =	0 x 18 =	0
Independent Claims	0	-3** =	0 x 84 =	0
Multiple Dependent			260 =	

**or number previously paid, if greater; For Reissue, see below

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description
1202	18	2202	9	Claims in excess of 20
1201	84	2201	42	Independent Claims in excess of 3
1203	280	2203	140	Multiple dependent claims in excess of 3
1204	84	2204	42	**Reissue independent claims over original patent
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent
SUBTOTAL (2)				(\$0)

3. ADDITIONAL FEES

Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1051	130	2051	65	Surcharge - late filing fee	
1052	50	2052	25	Surcharge - late provisional filing fee or cover sheet	
1053	130	1053	130	Non-English specification	
1812	2,520	1812	2,520	For filing a request for reexamination	
1804	920*	1804	920*	Requesting publication of SIR prior to Examiner action	
1805	1,840*	1805	1,840*	Requesting publication of SIR after Examiner action	
1251	110	2251	55	Extension for reply within first month	
1252	400	2252	200	Extension of time within second month	
1253	920	2253	460	Extension of time within third month	
1254	1,440	2254	720	Extension of time within fourth month	
1255	1,960	2255	980	Extension of time within fifth month	
1401	320	2401	160	Notice of Appeal	
1402	320	2402	160	Filing a brief in support of an appeal	
1403	280	2403	140	Request for oral hearing	
1451	1,510	1451	1,510	Petition to institute a public use proceeding	
1452	110	2452	55	Petition to revive - unavoidable	
1453	1,280	2453	640	Petition to revive - unintentional	
1501	1,280	2501	640	Utility issue fee (or reissue)	
1502	460	2502	230	Design issue fee	
1503	620	2503	310	Plant issue fee	
1460	130	1460	130	Petitions to the Commissioner	
1801	740	2801	370	Request for Continued Examination (RCE)	
1806	180	1806	180	Submission of Information Disclosure Stmt.	
8021	40	8021	40	Recording each patent assignment per property (time number of properties)	
1809	740	2809	370	Filing a submission after final rejection (37 CFR 1.129(a))	
1810	740	2801	370	For each additional invention to be examined (37 CFR 1.129(b))	

Other fee (specify) _____

Other fee (specify) _____

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) 0

SUBMITTED BY	Complete (if applicable)		
Typed or Printed Name	Rose Alyssa Keagy	Reg. Number	35,095
Signature		Date	Deposit Account User ID